

10/085,074

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 200110085074
ATTN: 311

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	17	Minus	- 20 = 0
Independent	0	Minus	- 3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	- FEE	RATE	- FEE
BASIC FEE	\$70.00	BASIC FEE	\$740.00
X518-		X518-	
X42-		X64-	
+140-		+280-	
TOTAL		OR TOTAL	

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X518-		X518-	
X42-		X64-	
+140-		+280-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

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(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	Minus	- 20
Independent	2	Minus	- 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X518-		X518-	
X42-		X64-	
+140-		+280-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

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(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	Minus	- 20
Independent	0	Minus	- 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X518-		X518-	
X42-		X64-	
+140-		+280-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 2.
 - If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Form PTO-670 (Rev. 8/99)

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